

Multi-Use Facility Applicant Summary

Applicant Information		
Legal Name of Applicant:		
Date Submitted:		
Is the Applicant a public agency or unit of government (including tribal)?	<div style="display: flex; justify-content: space-around;"> ___ Yes ___ No </div> <p style="font-size: small; margin-top: 10px;"><i>If NO this question, contact Rachael Petro or Al Ewing at the Denali Commission at 907-271-1414 to determine if your organization is eligible to apply for funding. (See page 2 of the Multi-Use RFP)</i></p>	
Mailing Address:		
Employer Identification # (EIN)		
<u>Contact Person:</u> Name: Title: Phone # and Fax #: E-mail address:	(A person who filled out the application or who can answer questions about it)	
Project Summary		
Facility or Project Name:		
Brief description of project:		
Type of funding requested:	<div style="display: flex; justify-content: space-between;"> ___ Design & Construction ___ Design & Renovation </div> <div style="display: flex; justify-content: space-between;"> ___ Construction ___ Renovation </div>	
Proposed Time Line	<div style="display: flex; justify-content: space-between;"> _____ Project Start Date </div> <div style="display: flex; justify-content: space-between;"> _____ Construction Complete Date </div>	
Cost Summary		
	Existing Facility	Total New/Expanded Facility
Facility Square Footage		
Description of Multi-Use Space		
Estimated Cost of Project:	\$	
Applicant Cost Share:	\$	
Amount Requested from Denali Commission:	\$	

Authorized Representative of the Applicant	
Representative Name: Title: Phone #: Fax #: E-mail address:	(A person who can conduct business on behalf of the applicant)
Representative Signature:	
Date Signed:	

<u>For Denali Commission Use Only:</u>	
Date Application Received:	
Funding Approved?	____ Yes ____ No
Amount Approved:	\$
Approval Date:	
DC Representative:	
Typed Name:	
Signature:	

MULTI-USE FACILITY BUSINESS PLAN

I. Community Profile & Support

A. Community Information

1. Identify the community(ies) to be served

2. Describe the geographic location of the community(ies):

3. Population as of the 2000 census _____

(See www.dced.state.ak.us/cbd/commdb/CF_COMDB.htm for these numbers)

4. Estimated population in 2003 _____

5. Does your community have a seasonal change in population? ___ Yes
___ No

Describe the seasonal change (e.g. tourism, fishing, etc).

How much does the population change?

B. Community Background and Planning

1. Describe how your community currently provides the services which will be provided by this Multi-Use facility. (between ½ - 2 pages)

2. Overview of Community Planning Process

a. Has your community been involved in a Multi-Use facility planning process?

___ Yes ___ No

b. Did the process address the services to be provided in this Multi-Use facility?

___ Yes ___ No

c. Who was involved in the planning process? List participants and affiliations:

d. Are there minutes or any documentation of the planning process?

___ Yes ___ No

If **Yes**, Label as **ATTACHMENT - 1**

e. Please attach the portion of your community plan which addresses the proposed facility. Label as **ATTACHMENT - 2**

C. Problem Statement and Goals

Briefly state the identified needs to be addressed and the goals to be achieved.

(Why is there a need for a Multi-Use facility and what will you accomplish?)

D. Community Governance Organizations

1. Identify all governance organizations in your geographic area:

Community/City Council: _____

Borough Assembly: _____

Tribal Council: _____

Other: _____

2. Identify the organizations involved in planning or applying for this project and describe their role in the project or services:

E. Services to be provided for Community Members

What are the basic life, health and safety services to be provided in the multi-use facility and who will provide them?

Services:	Provider:	% of space used in facility

1. Who will utilize these services?

Identify all users/service providers in your geographic area who will utilize this facility:

City or Borough: _____

Tribal: _____

Private: _____

Other: _____

2. Why have you chosen to combine these services in one facility?

3. What will the rest of the facility be used for?

4. Are any of these services limited to those who can pay? (e.g. serve only those who have the ability to pay, etc.) If yes, please explain.

5. Describe how joint occupancy will make operational sense (save money on utilities, administration, etc.).

F. Relationships with Existing Providers

1. If there are service providers in the community who are not connected with the proposed project, offering similar or the same services to be offered in this facility, explain how they will be affected by the new facility.

2. Are there any unresolved concerns regarding competition between your Multi-Use facility and other providers in the community? Please explain:

3. Provide copies of letters of support from any local providers who provide similar or complimentary services to your Multi-Use facility. Label as **ATTACHMENT - 3**

II. Facility Issues

A. Owner & Operator

1. Who will own(s) the facility?

Name:

Address:

Phone:

Fax:

Email:

2. Who will oversee the operations and maintenance of the facility?

Name:

Address:

Phone:

Fax:

Email:

B. Site Selection & Control

1. Have you selected a preferred site for the new facility?___ Yes___ No

*If **NO**, skip ahead to the next question.*

- a. Why is the site you selected the best site? What factors were considered in site selection?

- b. Does your selected site provide some special advantage in terms of long-term cost savings (e.g., making use of waste heat)?

2. Utility Hook-ups / Access Roads

- a. Will your facility be served with piped water, sewer and electricity? (If existing, is it served with these utilities?) ____
Yes ____ No
- b. If the facility is not served by necessary utilities, explain:

If your designated site is *not* within 150 feet of all existing utility hookups and access roads, answer the following questions. *If it is, go directly ahead to item 7 below.*

3. Identify which utilities and/or road connections are 150 feet or more from your designated site.

4. Explain why your community didn't choose a site with existing, convenient access. Attach maps and drawings as necessary to explain your special situation. Label as ATTACHMENT - 4

5. Estimate how much it will cost to make the required utility and/or road connections. Identify who provided the estimate and provide documentation. Label as ATTACHMENT - 5

6. Explain how you have obtained / will obtain the extra funding needed for the utility and/or road connections to the site. Include correspondence and other documentation. Label as ATTACHMENT - 6

7. Site Control

- a. The Denali Commission requires proof that you have legal control of the site, by deed or a 30-year lease. Do you have legal control of the site for the facility?
____ Yes ____ No

If YES, please provide a copy of the deed or lease (and any other site control documents). Do not send original documents. **Label as ATTACHMENT - 7**

If NO, please answer these questions:

1. If you don't have site control, when will you have it?

**2. What has to be done before site control is secured?
Explain any problems with completing the process.**

3. Provide copies of any documents (i.e. letters of commitment from landowners or other documents) which demonstrate that site control will transfer to you. Be sure to indicate the date you will assume site control. Label as ATTACHMENT - 8

C. Site Plan / Community Map

Provide a site plan and community map showing site location for the existing facility and alternative new facility sites. **Label as ATTACHMENT - 9**

The maps should illustrate the location of the facility site and utilities in relation to the site, a site plan layout, and the position of the site in relation to airport, schools, offices, etc. For some communities, the community profile maps prepared for the Department of Community and Economic Development (formerly the Department of Community & Regional Affairs) can be used. In other instances, a hand drawn may be used.

D. Facility Alternatives

Discuss the various alternatives you have considered for the facilities. If only one approach is feasible (there are no alternatives to the proposed building or improvements), please explain:

E. Existing Facilities *(If being replaced, expanded, or renovated)*

1. Will your project replace an existing multi-use facility? ___ Yes ___ No

If YES, what plans do you have for using the existing facility, (i.e., will it be demolished or used for other purposes)?

2. Will your project expand an existing multi-use facility? ___ Yes ___ No

If YES, describe your current facility – its condition, adequacy, suitability for continued use, and other pertinent information.

3. Will your project renovate (or repair) an existing facility? ____ Yes ____
No

a) If YES, when was the facility built? _____

b) Why does the facility need to be repaired? (see *Multi-Use RFP*,
Additional Funding Requirements, p. 4)

c) If the facility was built in or after 1993, please explain what
exceptional circumstances necessitate repair:

4. Attach any 3rd party documentation verifying any of the above
information (from questions 1 – 3) and up to 5 photos if useful. Label as
Attachment ?

F. Project Management

A well-organized project management plan that addresses both design &
construction phase activities is essential for the successful completion of a
project.

1. Plan, Permits & Regulatory Approval Documents

Include copies of all applicable plans, permits, and regulatory approvals that you
have obtained. **Label as ATTACHMENT – 10**

Discuss the status of any documents you have not yet obtained, including
environmental and archaeological clearance.

2. Identification of Architect

a) If you have an Architect/Engineering company what is the name of
the company?

b) What is the name of the Architect/Engineer?

c) What construction standards will be followed? (i.e. Uniform
Building Code)

3. Schedules and Timelines

Attach a copy of the schedule(s) and timelines for your design completion and construction. **Label as ATTACHMENT - 11**

Are there any obstacles that may delay the progress of the proposed project?

___ Yes ___ No

If YES, please explain:

4. Resumes of Project Management Agent

Provide resumes for the proposed planning, design, and/or construction management team (project manager, superintendent, etc. **Label as ATTACHMENT -12**

G. Design and Drawings

A. Stamped Design Drawings

Provide stamped design drawings of your facility (new, expansion, or renovation).

Label as ATTACHMENT - 13

If designs are not stamped, when will they be stamped?

B. Design Readiness

If design is not complete, when will they be complete and stamped?

H. Financial Plan

Provide the appropriate financial information from the organization(s) applying for the funding. **Label as ATTACHMENT – 14 (a-g)**

All organizations involved in the operations of the facility must have input into the preparation of the financial plan section. Each group must submit information so that an analysis of the financial viability is possible of the proposed Multi-Use Facility and services therein.

1. Actual Financial Statements

Please provide copies of the most recent audited financial statements for the organization(s) that will be participating in the delivery services in this new facility. Include the auditor's opinion letter, balance sheet, income statement and statement of cash flows. **Label as ATTACHMENT 14a.**

2. Capital Costs

Estimated Total Cost of your Project: \$ _____

Source of estimate (Provide documentation and label as **ATTACHMENT 14b**):

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Project Cost Share Calculation

Line #	Description	Source	Total Space
1	Estimated Project Cost	Question above	\$
2	Community Status *** Circle the correct classification	Distressed Community Criteria and Surrogate Standard***	Distressed Non-Distressed
3	Maximum Percentage of Denali Commission Funding	Distressed = 90% Non-Distressed = 75%	%
4	MAXIMUM AMOUNT OF FUNDING FROM THE DENALI COMMISSION FOR THIS PROJECT	Multiply Line (1) x Line (3)	\$
5	MINIMUM AMOUNT DUE FROM THE APPLICANT	Line (1) minus Line (4)	\$
6	Cash to be provided by the Applicant (in the bank, loan approval, grant approval, etc)		\$
7	Value of Donated Land		\$
8	Value of Land Improvements		\$
9	TOTAL KNOWN FUNDING FROM THE APPLICANT	Add Lines (6) + (7) + (8)	\$
10	Balance - If the amount is greater than zero, project has identified adequate funding; - If the amount is less than zero, project requires additional funding in this amount	Line (9) minus Line (5)	\$

*** Go to www.denali.gov , click on the “Multi-Use Facilities” tab, and then go to “Distressed Community Criteria and Surrogate Standard” for a listing of status by community.

Note that the only Applicant cost matches in this calculation are cash, donated land and land improvements.

NOTE: You must provide documents showing that you meet minimum cost share funding requirements before you can receive construction funding.

a) Participant Project Funding Summary

Identify the cost share amounts to be provided by all facility and service participants. Insert rows in the table if necessary.

Source:	Description	Amount	Status*
		\$	
		\$	
		\$	
	TOTAL	\$	

***Indicate "Status" by selecting one of the following options:**

- (1) Funds have been secured and are in your bank account.
- (2) Funds have not been received, but a funding agreement has been signed and executed.
- (3) You have received written notification that funds have been approved.
- (4) You have applied for funds and are waiting for funding approval.
- (5) You are in the process of applying for funds
- (6) You have not yet applied for additional funding.

Provide copies of supporting documentation (i.e. copies of agreements, written notification, etc.). Label as **ATTACHMENT 14c**

b) Donated Land Value

The value of donated land can only be used as a cost share if the land is owned by the applicant. The donation of a lease is treated as an in-kind donation and does not qualify for cost share status.

Have you included land as part of your cost share? ☐ Yes ☐ No

	Estimated Value of Land	\$
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What method did you use to estimate a value for the donated land? (e.g. a BIA valuation; a commercial real estate dealer's appraisal or opinion letter; or recent valuation accepted for a similar lot in the community).

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Provide supporting documentation regarding the valuation. Label as **ATTACHMENT 14d**

c) Value of Land Improvements

In some cases the costs of improvements to the facility site can be used as cost share. Examples include extension of utilities, site clearing, imported/placed sand and gravel, and parking lots.

Have you included improvements as part of your cost share?

☐ Yes ☐ No

	Estimated Value of Land Improvements	\$
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Provide documentation to demonstrate the value of these improvements. Label as **ATTACHMENT 14e**

3. Revenues

Please list all sources of revenue that will support the operation and maintenance of the new facility such as local support, state and federal grants, tribal shares, private foundation grants, general donations, and fund raising, etc. Please provide copies of supporting documentation (i.e. copies of agreements, written notification, etc.). Label as **ATTACHMENT 14f**.

Source:	Description	Annual Amount
		\$
		\$
		\$
	Total Annual Revenue	\$

a) Operation & Maintenance

Annual Operations and Maintenance (Attach a separate detailed description of estimates where necessary)								Hours per Week	x Weeks per Year	= Annual Hours	x Hourly Rate (\$)	= Annual Wages (\$)	+ Payroll Taxes (\$) *	+ Employee Benefits (\$) **	= Annual Cost (\$)	
Labor Expense																
Operating Labor																
Participant 1																
Position A																
Position B																
Position C																
Participant 2																
Position A																
Position B																
Position C																
Participant 3																
Position A																
Position B																
Position C																
Administrative Labor																
Facility Manager																
Bookkeeper																
Maintenance Labor																
Custodial Labor																
Other Labor																
Subtotal																
Utility Expense																
Electricity																
Fuel Oil																
Water																

Sewer						
Other						
Subtotal						
Materials & Equipment Expense						
Maintenance & Repair Materials.....						
Custodial Materials						
Other Materials & Equipment						
Subtotal						
Other Expense						
Facility Rent						
Property Taxes						
Facility Insurance						
Write-Offs / Bad Debts						
Other						
Subtotal						
Total Annual Operations and Maintenance Expense						

* Estimate by multiplying Labor Cost per year times .08

** % of annual wages

b) Participant Cost Share

Describe how the organization(s) that will occupy the facility will share expenses. What organization(s) will administer operation and maintenance of the new facility?

c) Renewal & Replacement (Depreciation)

To not fully account for depreciation is to significantly understate expenses. Provision must be made to write off the unsalvaged cost of an asset over its useful life.

Renewal & Replacement (Attach a separate detailed description of estimates where necessary)				
	Number	X Cost	÷ Useful Life	= Annual Cost (\$)
Depreciation Expense				
Facility	1			
Equipment				
Computers				
Furnishings				
Other Equipment				
Total Annual Renewal & Replacement Expense				

5. Financial Sustainability

Financial Summary	Annual Amount (\$)
Total Annual Revenue	
Less Total Annual Operations & Maintenance Expense	
Less Total Annual Renewal & Replacement Expense	
Equals Annual Revenue Over / (Under) Annual Expenses	
÷ Facility Square Feet	
Equals Average Annual Cost per Square Foot	

Does your facility budget clearly provide for all expenses required to sustain operations over the life of the facility, including all necessary preventive maintenance activities, appropriate reserves for major repairs, and eventual replacement of the facility?

___ Yes ___ No

If NO, please explain.

I. **Applicant Resolution**

The applicant organization must provide confirmation of their approval and support of the proposal and their acceptance of responsibility for the duties assigned to them in the proposal.

The signed forms also establish signatory authority for an appropriate official to conduct normal and usual business regarding the project.

The suggested format may be adapted to the particular circumstances of Multi-Use facility owners and operators, provided the new formats correctly identify the responsible participants and document their commitment to the project.

Provide a resolution from the organization that is applying for the funding. A sample resolution is provided. **Label as ATTACHMENT – 15**

J. **Open Door Policy**

The Denali Commission requires that all Multi-Use facilities that it funds be open to all who seek services and can pay for service. All applicants must have appropriate and necessary resolutions and support letters to acknowledge their responsibility for compliance with this policy. Your resolution (**ATTACHMENT 15**) noted above should include a statement of the Open Door Policy.

III. **Checklist of application materials**

ATTACHMENT 1	Documentation of Community Planning Process
ATTACHMENT 2	Community Plan (Multi-Use Facility Portion)
ATTACHMENT 3	Letters of Local Support
ATTACHMENT 4	(If applicable) Maps showing Utility Access Issues
ATTACHMENT 5	(If applicable) Cost estimate for Utility/Road
ATTACHMENT 6	(If applicable) Source of Utility Funding
ATTACHMENT 7	Documentation of Site Control
ATTACHMENT 8	Site Control Transfer Indication Documents
ATTACHMENT 9	Site Plan/Community Map
ATTACHMENT 10	Plans, Permits & Regulatory Approval Documents
ATTACHMENT 11	Project Schedule & Timeline
ATTACHMENT 12	Project Management Agent Resume
ATTACHMENT 13	Stamped Design Drawings
ATTACHMENT 14	Financial Plan
- a	Audited Financial Statements
- b	Project Cost Estimate
- c	Funding Summary Documents
- d	Land Value Documents
- e	Land Improvement Value Documents
- f	Revenue Documents
- g	Operation & Maintenance
ATTACHMENT 15	Applicant Resolution

Authority to Participate and Commitment to Operate
RESOLUTION NUMBER _____

A RESOLUTION of the **¹_____ authorizing participation in the Denali Commission Multi-Use Facilities RFP and committing to facility operation.

WHEREAS, the Council/Board of Directors of **¹_____ wishes to provide a multi-use facility for the community of _____ (hereinafter the "Council" and the "Community");

WHEREAS, the Council wishes to respond to the Denali Commission Multi-Use Facilities RFP; and

NOW, THEREFORE, BE IT RESOLVED THAT the Council endorses the Community's proposal to the Denali Commission's **Multi-Use Facilities RFP** and commits to sustaining the facility and the programs to be offered within it.

BE IT FURTHER RESOLVED THAT the Council commits to fulfilling the responsibilities and duties assigned to the Council in the proposal.

BE IT FURTHER RESOLVED THAT the Council commits to an "open-door" policy that assures the facility will provide service to all who seek and can pay for such services.

BE IT FURTHER RESOLVED THAT the **²_____ of the Council is hereby authorized to negotiate and execute any and all documents required for granting and managing funds on behalf of this organization.

The **²_____ is also authorized to execute subsequent amendments to said grant agreement to provide for adjustments to the project within the scope of services or tasks, based upon the needs of the project.

PASSED AND APPROVED BY THE _____

on _____, 2003.

IN WITNESS THERETO:

By: _____ Attest: _____

Signature and Title

¹ Insert name of organization that is submitting the application

² Insert title of person responsible for project oversight, usually the Council President or entity CEO